

JACK McDONALD MEMORIAL SCHOLARSHIP APPLICATION
2019 – 2020 SCHOOL YEAR

PLEASE PRINT
NAME OF
APPLICANT: _____

ADDRESS: _____

PHONE: (____) _____ BIRTHDATE: _____ SEX: Male Female

PARENT'S NAME: _____ PARENT'S SSN: ____ - ____ - ____

OFFICIAL USE ONLY: Initiation Date: _____ Register #: _____ Good
Standing _____

School you presently attend: _____ Graduation date: _____

To which university(ies), college(s) or vocational program(s) have you applied or will you apply? _____

Provide a brief statement regarding your educational and career goals:

List all activities, organizations and honors while in high school:

List outside activities and/or other special interests: _____

SCHOOL STATEMENT FOR 2019 – 2020 SCHOOL YEAR

PLEASE PRINT
NAME OF

APPLICANT: _____

ADDRESS: _____

NAME OF
SCHOOL: _____

SCHOOL
ADDRESS: _____

DATE OF ENROLLMENT AT YOUR
SCHOOL: _____

Do you believe the applicant will perform university, college or vocational technical college work successfully?

- YES NO

Is the applicant a leader in recognized extracurricular activity at your school?

- YES NO

If so, please specify the
activity: _____

Please give your personal evaluation of the
applicant: _____

The Principal or authorized representative is requested to complete this form, include one copy of the applicant's official transcript, and mail both directly to:

Signature: _____ Title: _____